Mariannette Miller-Meeks, B.S.N., M.Ed., M.D. Director

Terry E. Branstad Governor Kim Reynolds Lt. Governor

Iowa J-1 Visa Waiver/Conrad 30 Annual Report

Physi	ician's Full Name:			
Clinic	cal Practice Site Name:			
Site A	Address(es):			
Physi	ician's E-mail Address:			
Physi	ician's Phone Number (best	contact number):		
appr			e business office and/or the ous year of the physician's	
	Total number of patient encounters:			
	Total number of Medicaid patient encounters:			
	Total number of Medicare patient encounters:			
	Total number of <i>hawk-i</i> (SCHIP) patient encounters, if applicable:			
	Total number of uninsured	patient encounters:		
Time	Period Covered by Report:		to	
	ssional shortage area?	·	week in a designated health	
waive	YES er)	NO	NA (undesignated/flex	
	the physician regularly or in munity Health Center or Free		ervices at a Federally Qualified	
	YES		NO	

If yes, what is the name of the facility?					
Any additional information you would like to report?					
Name and signature of in-	dividual completing r	report:			
Name (printed)		Signature			
(, , , , ,		- 3			
Title		Date			
Titlo		Balo			
If you have any questions regarding the Iowa J-1 Visa Waiver program please contact:					
	Michelle Holst	•			
		d Health Delivery Systems			
Iowa Department 321 E 12 th Street		of Public Health			
	Des Moines, IA 50	319-0075			
	Email: michelle.hols				
	Phone: 515-954-56	674			
Please submit report to:					
	Michelle Holst	-			
	Primary Care Offic Bureau of Oral and	ce d Health Delivery Systems			
	Iowa Department of 321 E 12 th Street	of Public Health			
	Des Moines, IA 50	319-0075			